



# PROOF OF D.C. RESIDENCY FORM



D.C. HealthCare Alliance (Alliance) is **ONLY** for people who live in Washington, D.C. If you are applying for medical assistance through the D.C. HealthCare Alliance, you must show that you are a D.C. resident.

You can show that you live in D.C. with a valid D.C. driver's license or ID card, a lease, rental receipt, deed, settlement papers, or mortgage statement for a D.C. residence, home owner's or renter's insurance policy, a property tax bill, a utility bill, a paystub showing address and D.C. taxes withheld, or a voter registration card showing your name and D.C. address. If you do not have any of those documents, you can also prove that you live in D.C. using this form. Another D.C. resident who knows where you live can verify your residency by filling out Section B, or a local non-profit social services provider can verify your residency in Section C.

## Section A: Your Information (Required)

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Are you homeless? ☐ YES ☐ NO

**Section B: Individual Verifier's Information** This section must be filled out by a D.C. resident who knows where you (the applicant) live—someone you live with is best. If you do not know anyone who is willing or able to verify where you live, a local non-profit organization that provides you with services may complete Section C for you. (*You do not need to fill in Section C if this section is completed.*)

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

The verifier must sign this form and provide **a copy of at least one (1)** of the following documents showing the verifier's name and D.C. address:

- Valid DC driver's license or non-driver's ID
- D.C. voter registration card
- Valid lease, rental agreement, rent receipt, deed, settlement papers, or mortgage statement for a residence in the District
- Valid homeowner's or renter's insurance policy for a residence in the District
- D.C. Property tax bill issued within the last sixty (60) days
- Utility bill (water, gas, electric, oil, cable, or landline telephone) issued within the last sixty (60) days
- Paystub received within the past thirty (30) days showing D.C. address and D.C. withholding taxes

I understand that the D.C. HealthCare Alliance is **ONLY** available to people who live in the District.

By signing below, I verify that, to the best of my knowledge, the applicant listed above lives in the District of Columbia.

**I know that if I give any false information, I may be breaking the law and may have to pay a fine of up to \$500, or go to prison for up to a year, or both (D.C. Code § 4-218.01). I know that state officials will check this information and I agree to cooperate with their information requests.**

Verifier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section C: Organizational Verifier's Information** This section must be completed by a D.C. non-profit social services provider, such as a homeless shelter, community health center, immigrant services provider, legal clinic, or religious organization that serves you (the applicant). *(You do not need to fill in Section B if this section is completed.)*

Organization Name: \_\_\_\_\_

Organization D.C. Tax-Exempt ID: \_\_\_\_\_

Verifier's Name: \_\_\_\_\_

Verifier's Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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**I know that if I give any false information, I may be breaking the law and may have to pay a fine of up to \$500, or go to prison for up to a year, or both (*D.C. Code § 4-218.01*). I know that state officials will check this information and I agree to cooperate with their information requests.**

Verifier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Remember:** Before you turn in this form, make sure it is complete.

You must have:

- Section A filled out **AND**
- Section B **OR** Section C completed **AND**
- If you use Section B, you must have a copy of the individual verifier's proof of residency.